Birmingham JSNA 2017/18 Strategic Overview

Purpose

A Joint Strategic Needs Assessment (JSNA) looks at the current needs of local communities and helps health and care organisations to plan support and services for the future. It is an ongoing process that identifies the future health and wellbeing needs of the people of Birmingham bringing together a range of strategic overviews and detailed needs assessments. The JSNA should not be seen as a "one off" document. It is ever growing and changing as new reports and assessments are added, which can be referenced together as a Joint Strategic Needs Assessment

How

We plan to publish JSNA Chapters on key public health areas, making relevant information publicly available to those that require it for planning and supporting local services. More resources are available on our webpages.

Chapters

- Public Health Outcomes Framework - August 2017
- Life Expectancy - August 2017
- Adults Social Care Outcomes Framework - December 2017
- Mental Health and Employment – January 2018
- **Mental Health and Physical Health – January 2018**

Contact Us

Please get in touch if you want access to our data or with any queries regarding Birmingham's JSNA.

Email: publichealth@birmingham.gov.uk

Post: Public Health, Adults Social Care and Health, Birmingham City Council, PO Box 16732, Birmingham B2 2GF

Web: https://www.birmingham.gov.uk/publichealth

Birmingham JSNA 2017/18
Strategic Overview Chapter

Mental Health and Physical Health

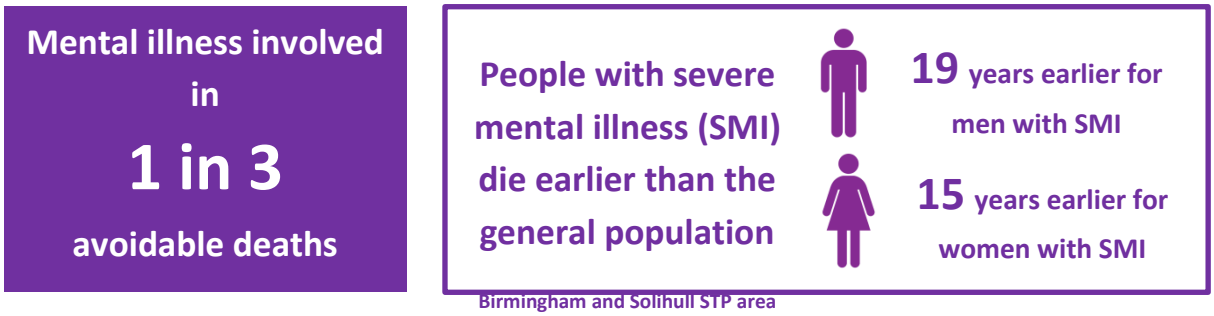
Key Message

- Those with co-existing mental and physical health conditions have poor health outcomes:
    - Mental illness is involved in one in three of all avoidable deaths
    - Those with severe mental illness die up to 20 years earlier.
- People with serious mental illness in Birmingham are 5 times more likely to die before the age of 75 than the general population. The Birmingham rate is:
    - Higher than the national average
    - Higher than our statistical neighbours and other core cities.
- General hospital admissions amongst those known to mental health services:
    - Were over 50% higher than expected
    - Had an associated annual cost of over £17 million.

Introduction

The poor health outcomes of people with co-existing mental and physical conditions represent one of the greatest inequalities in health. Mental illness is involved in one in three avoidable deaths every year, while people with severe mental illness die on average 20 years earlier than the rest of the population – a situation described as lethal discrimination by Rethink[1].

Life expectancy for those in contact with mental health services in Birmingham and Solihull area has been found to be reduced compared to the general population; by 19.2 years for men and 14.9 years for women.[2] Avoidable deaths are those that are either preventable (i.e. could be avoided by appropriate public health interventions) or amenable (i.e. treatable by high quality healthcare). Significantly higher incidences of diabetes and hypertension, along with poor outcomes from coronary heart disease and respiratory disease in people with mental health problems, all contribute to these figures. It has been found that those tasked with their mental health care often lack the basic skills to manage general physical health and good integrated care remains the exception rather than the rule.[3]



Overview of inequality in life expectancy

Excess mortality under 75 for adults with serious mental illness (SMI) is an indicator in the Public Health Outcomes Framework (PHOF)[4]. In 2014/15, there were 676 deaths of people under 75 with SMI[5] in Birmingham, a rate that is nearly 5 times that of the general population in England and significantly higher than the national average for people in contact with mental health services.

Birmingham is one of the poorest performing Local Authorities for this outcome and is worse than the average of our demographically similar statistical neighbours and other Core Cities. There has been an increase in excess mortality over the last two years for which data is available, as shown in the figure below. The increase from 2012/13 is mainly due to better data capture and the figures after this date are likely to be a truer picture.

[1] Lethal discrimination, Rethink Mental Illness, 2013
https://www.rethink.org/media/810988/Rethink%20Mental%20Illness%20-%20Lethal%20Discrimination.pdf
[2] Making the case for integrated mental and physical healthcare' Mids. and Lancs CSU Strategy Unit, 2017. Birmingham and Solihull STP area, 2012/13 to 2014/15
[3] Kings Fund 2013. http://www.kingsfund.org.uk/blog/2013/10/achieving-equitable-outcomes-between-mental-and-physical-health-how-can-we-make-change
[4] Public Health Outcomes Framework, February 2017. Public Health England.
http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/6/par/E12000005/ati/102/are/E08000025/iid/91096/age/181/sex/4
[5] NHS Outcomes Framework indicator 1.5i, 2014/15. NHS Digital Indicator Portal
https://indicators.hscic.gov.uk/webview/

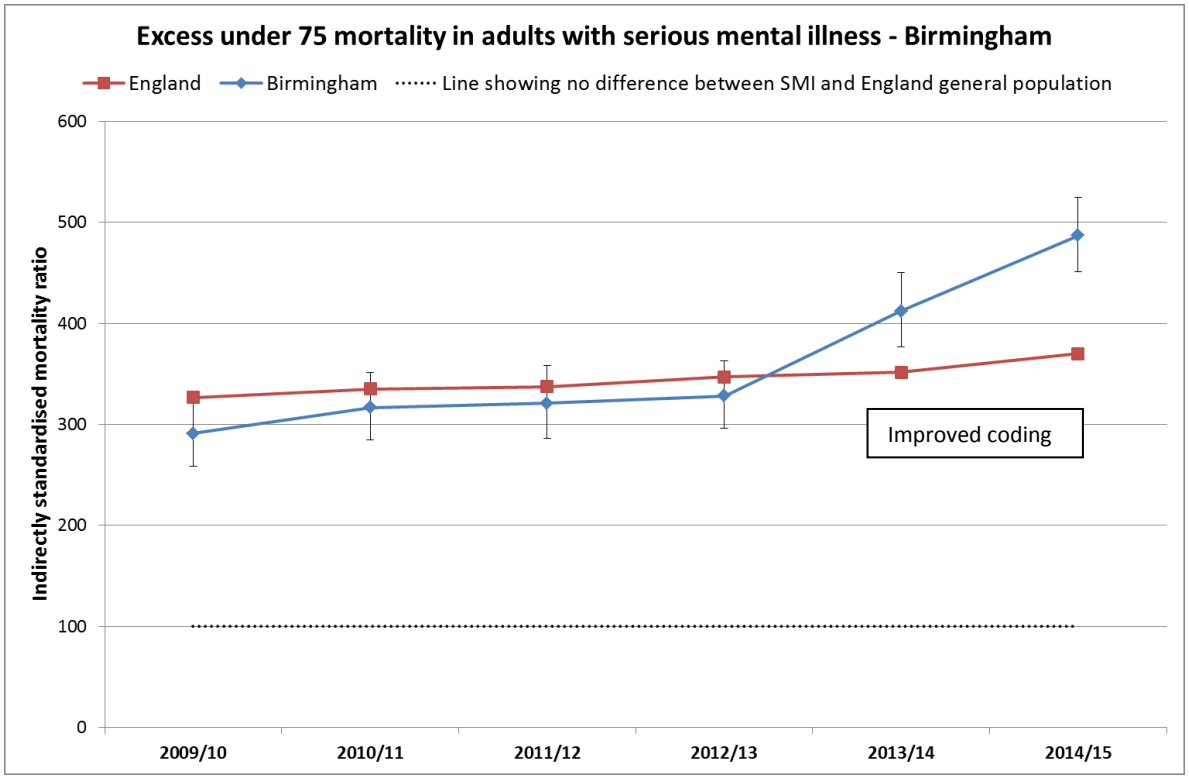


Figure 1: Excess under 75 indirectly standardised mortality ratio for people with SMI compared to the general population of England. Source: Public Health Outcomes Framework indicator 4.09i

Admissions to hospital compared to the general population

The anonymised records of service users in contact with Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) have been linked with non-psychiatric hospital activity data to assess secondary care (hospital) usage for physical health conditions. This shows that a quarter of people in contact with BSMHFT in 2014/15 (excluding treatment or assessment for dementia) had a non-psychiatric hospital admission in that year, accounting for more than 17,000 hospital episodes at a cost of over £17 million. Comparable figures for the general population of Birmingham show that around 15% of people are admitted each year. However, the excess admissions for people with mental health problems are even larger when their age is taken into account.

Age profile of hospital admissions

Absolute numbers of hospital admissions for BSMHFT service users peaked in the 45-54 age range, as shown by Figure 2 below. However, the number of service users who were admitted was 52% higher than expected, when adjusted for the age/gender distribution (95% Confidence Interval: 48-56%).

Figure 2 also shows that admissions were higher than expected for ages under 75, but lower than expected for older ages. This may be due to the exclusion of a larger number of patients with dementia from the mental health service users than from the general population.

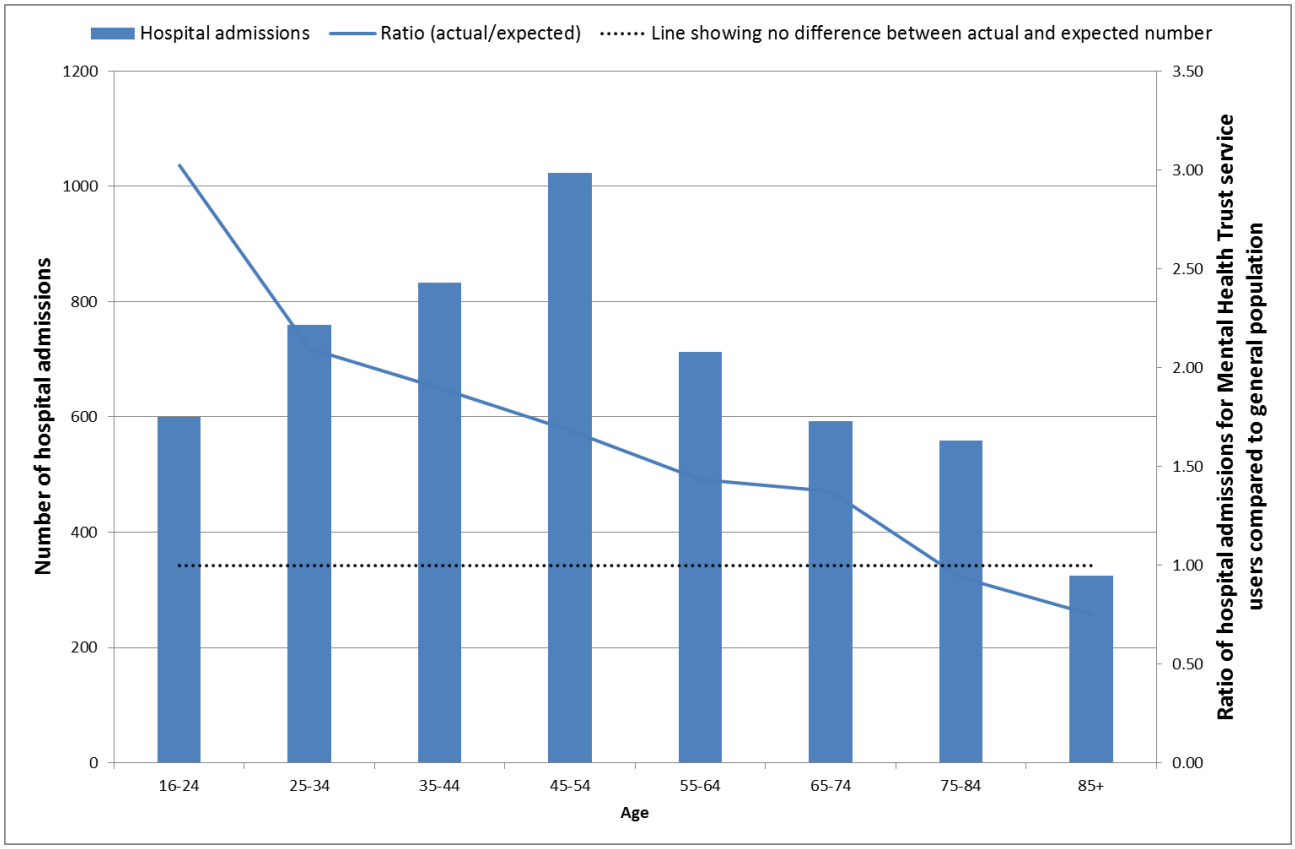


Figure 2 - Number of service users in contact with BSMHFT in 2014/15 admitted to hospital in 2014/15 (excludes psychiatric, maternity and with dementia co-morbidity); ratio of service users admitted to expected number from general population

Recording of psychiatric co-morbidity during hospital admission

The Department of Health recommends that mental illness is considered as a long-term condition on a par with physical illness and should be treated as closely linked. Having a serious mental illness and physical illness increases mortality significantly[6]. It should follow, therefore, that individuals with serious mental health problems admitted to hospital for physical healthcare should have their mental health condition noted where appropriate.

Over the 2014/15 financial year, excluding those likely to have dementia, only 63% of BSMHFT service users had a mental health condition recorded as a secondary diagnosis on at least one occasion, accounting for 53% of their hospital episodes, suggesting that recording of mental health conditions that are severe enough to require referral to secondary mental health services is not complete in a general hospital setting.

[6] DH, NHS England and PHE. Comorbidities A framework of principles for system-wide action. Department of Health.

Useful links

Public Health Outcomes Framework
http://www.phoutcomes.info
West Midlands Combined Authority Mental Health Commission
https://www.wmca.org.uk/what-we-do/mental-health-commission/
Birmingham Public Health Mental Health and Wellbeing JSNA resources
https://www.birmingham.gov.uk/info/50120/public_health/1337/jsna_themes/5

Sources

Public Health Outcomes Framework – Indicator 4.09i – Public Health England
NHS Outcomes Framework – Indicator 1.15i – NHS Digital
Birmingham and Solihull Mental Health NHS Foundation Trust
Secondary Uses Service data – Midlands and Lancashire Commissioning Support Unit

Produced by Birmingham Public Health Intelligence

January 2018